

## TUBERCULOSIS PROFILE



Ghana is not among WHO's 22 high-burden countries for TB, yet the disease is a major health problem in the country. With 44,733 new TB cases in 2004, Ghana ranks 13th in Africa for the highest estimated number of new cases per year, according to the WHO Global TB Report 2006. Also in 2004, over 10,000 Ghanaians died of TB. The Ghana National TB Control Program (NTP), based on Directly Observed Therapy, Short-Course (DOTS), was established in 1994. DOTS was phased in over a number of years with an initial strategy to roll out DOTS to all public health facilities in all regions and districts, reaching 100 percent coverage in 2000. However, the quality of DOTS implementation in public health facilities is still below expectations. The case detection rate of sputum smearpositive (SS+) TB has remained static at 37 percent, and treatment success has remained at 66 percent since 2003, both below the WHO standards of, respectively, 70 and 85 percent. The HIV/AIDS epidemic is fueling TB incidence. Approximately 16 percent of adult TB cases are HIV-positive. Impact modeling shows that HIV infection among TB patients could increase to 59 percent by 2009, and an additional 30,000 new TB cases could be attributable to HIV/AIDS annually by 2015.

The proportion of staff trained for DOTS implementation has improved from 4 percent in 2002 to 15 percent in 2004 but is limited to two metropolitan districts. Further DOTS expansion has been limited because of competing demands on limited health resources. The key challenges and gaps facing the NTP in its efforts to expand and scale up existing DOTS programs include implementation of TB-HIV/AIDS collaborative activities and involvement of the private health sector.

Country population	21,664,441
Estimated number of new TB cases	44,733
Estimated TB incidence (all cases per 100,000 pop.)	206
DOTS population coverage (%)	100
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	34
DOTS case detection rate (new SS+) (%)	37
DOTS treatment success rate in 2003 (new SS+) (%)	66
Estimated adult TB cases HIV+ (%)	16
New multidrug-resistant TB cases (%)	1.6

Note: All data are for 2004 except where noted otherwise. Source: Global Tuberculosis Control: WHO Report 2006.

## **USAID Approach and Key Activities**

USAID's approach in Ghana complements the priorities of the government, WHO, and other partners. USAID only recently began implementing TB activities under its new 2004–2009 country strategic plan. In 2004 and 2005, USAID funds for TB programming in Ghana averaged \$500,000 per year.

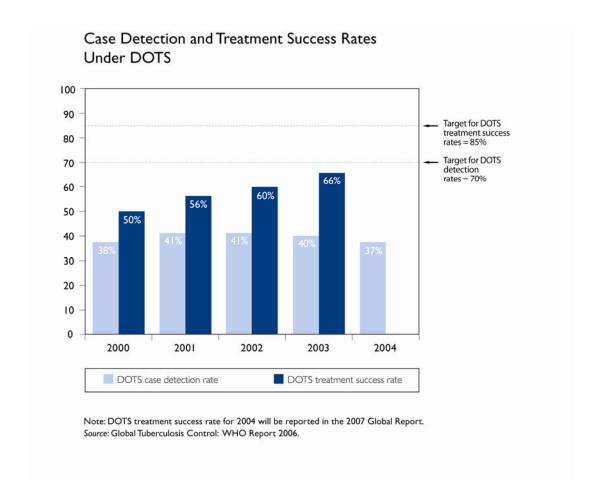
To date, USAID does not have a specific TB program but supports TB activities through its bilateral programs and technical assistance provided by the Tuberculosis Control Assistance Project (TB CAP Project). USAID assistance includes support for the following activities:

- Providing technical assistance to support the NTP and the Global Fund for AIDS, Tuberculosis and Malaria
- Strengthening Ghana's National Disease Surveillance System, which tracks tuberculosis, malaria, avian flu, and other major diseases

## **USAID Program Achievements**

USAID's assistance and support have helped address TB prevention and control through the following activities:

- Supported the revision of the national TB manual, TB training guidelines, and other key NTP materials
- Provided technical assistance in proposal development and strategic design for the Global Fund for AIDS,
  Tuberculosis and Malaria
- Assisted in the review of public-private mix DOTS implementation with WHO



## **Partnerships**

USAID support to the National TB Control Program is provided through the Tuberculosis Control Assistance Project (TB CAP Project) implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA Project) under the management of the KNCV Tuberculosis Foundation. Other key partners include WHO and the Global Fund for AIDS, Tuberculosis and Malaria. The Ghana government has received a five-year, \$33 million Global Fund grant for TB activities.